Division of Health Service Regulation

PRINTED: 10/08/2015 FORM APPROVED

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING: 01		(X3) DATE SURVEY COMPLETED		
				•	R-	С
		HAL066011	B. WING		09/1	5/2015
NAME OF R	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
RICH SQ	UARE MANOR		IN STREET JARE, NC 2	7869		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		OOMPLETE DATE	
{C 000}	Initial Comments		(C 000)			
	This is a Report of a Complaint Follow-up performed by Greg Cates and Ed Miller on September 15, 2015.			CONSTRUCTION SE	CTION	
		usly cited deficiencies have		OCT 22 201	)	
	required.	therefore further action is		RECEIVED		
(C 160)	Outside Premises-0	Clean, Safe	{C 160}			
	SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (m) The requirements for outside premises are: (1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition;					
	is not maintained in construction is dam	ation the exterior of the facility good repair. Exterior aged and in need of repair.				
	A. Finding on Septe	mber 15, 2015:				
		g Area - A support post for the ing the fence to lean over.		The support post will be corrected. Estimated completion 11/21/2015		
	Building South W gable is loose.	ing - The fascia trim for the		The fascia trim for the gable will be repair. Completion 11/21/2015		
(C 164)	Housekeeping and	Furnishings-Clean, Repaired	{C 164}			
	SECTION .0300 - P 10A NCAC 13F .030 FURNISHINGS (a) Adult care home	06 HOUSEKEEPING AND				
lvision of He	ealth Service Regulation	ER/SUPPLIÉN/REPRESENTATIVES SIGN	MATHRE	TITLE		(XII) DATE

Executive Director 10/21/2015

Q90V22

Division	of Health Service Re	egulation				
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND PLAN	OF CORRECTION	DENTI IGNION II I I I I	A. BUILDING:	01		. 1
		HAL086011	B. WING		R-C 09/15	/2015
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
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RICH SQ	UARE MANOR	RICH SQU	IARE, NC 2	7869		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SCIDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROVIDERICENCY)	DBE	(X5) COMPLETE DATE
(C 164)	Continued From pa	ge 1	{C 164}			
	(1) have walls, ceil coverings kept clea (2) have no chronic (3) have furniture of	ings, and floors or floor in and in good repair; c unpleasant odors; clean and in good repair; apply to new and existing				
	maintained the faci as evidenced by ma	et as evidenced by: ation that facility has not lity furnishings in good repair arred and and damaged hings that require repair or				
	A. Findings on Sep	tember 15, 2015;				
		aminate finish is delaminating.		Laminate finish will be repaired. Estimated date: 11/21/2015		
	6. Room #6 b. The door to the v will not remain clos	the wall mounted medicine cabinet closed.		The Medicine cabinet has been repo	aired	10/20/2016
	8. Room #12 b. The night stand i drawers is missing	is damaged and one of the its pull knob.		Damage furniture will be replaced Estimated completion 11/21/2015		
	9. Room #15 b. The headboard f	or the bed is damaged.		Damage furniture will be replaced		
	10. Dining Room - laminate finish is de table.	The serving table plastic elaminating from the serving		The laminate will be repaired. Estimated completion 11/21/2015		
	11. Nurses' Station a. The plastic lamir the countertop. b. The counter draw	nate finish is delaminating from		The laminate finish will be repaired. Estimated completion 11/21/2015 The counter drawers will be repaire		
		re missing pull knobs or		The missing pull knobs will be reins Estimated completion date 11/21/20	tailed	

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	of Health Service Re	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	E CONSTRUCTION	(X3) DATE SURVEY	
	N OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: 01		COMPLETED	
					R-C	- 1
		HAL068011 B. WING		09/15/2015		
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
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RICHS	QUARE MANOR	RICH SQU	ARE, NC 2	7869		
(X4) ID		YEMENT OF DEFICIENCIES	- D	PROVIDER'S PLAN OF CORRECTS		
PRÉFIX		MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO		
ino	THE COST OF THE			DEFICIENCY)		
{C 164	Continued From pa	ne 2	(C 164)			
,0 .0	Contanace i ioni pa	902	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	12. Community Bat	h Adjacent to Room #8 - The				
	latching mechanish	n is missing on the toilet stall		The latching mechanism has been reint	stalled. 10/20/2	015
	partition.					- 1
1	13 Primary Care M	fanager's Office - The laminate		The laminate finish will be repaired		- 1
	finish is detaching a	at the corner of the cabinet.		Estimated date 11/21/2015		- 1
						- 1
		ation that facility has not				
		lity walls, ceilings and floors in an as evidenced by damages,				- 1
		nd floors that require				- 1
	maintenance, or re-					- 1
	A Findings on Com	tombout 5 2015:			l	- 1
	A. Findings on Sep	terrider 15, 2015.				ı
	1. Conference Roo			Carpet will be cleaned. Estimated com	nietion	- 1
	a. The carpet is sta	ained.		11/21/2015	present	- 1
	3. Room #4					- 1
		lored by excessive wax build		The floor has been cleaned.		
	up.	-			10/15/2	2015
	5. Room #7			The well water side will be consisted.	1	- 1
		peeling at the bottom of the		The wall under sink will be repainted Estimated completion 11/21/2015	1	- 1
	wall under the sink.					
		or is stained at the base of		The bathroom floor will be cleaned Extimated completion 10/22/2015	i	
	the water closet.			and the same of th	j	
	6. Room #8 - The o	eiling is stained.		The ceiling will be painted Estimated completion 11/21/2015	1	
		-		Esumajed completion 11/21/2015		
		Adjacent to Room #8		Wall ties have been installed	10/156	2015
		ssing in both shower stalls. maged above the water closet				
	stall.	magaza manta mia matat anagat			i	
				The carpet will be cleaned		
	8. Living Area - The	carpet is stained.		Estimated completion 11/21/2015		
	9. Primary Care Ma	anager's Office -				
	a. The flooring wall	base is missing at the cabinet				
	Health Service Regulation					

District	of Health Condes Do	equiption				1110120
STATEMEN	of Health Service Re of OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION 01	(X3) DATE S COMPLI	
7.00					R-C	.
		HAL068011	B. WING			/2015
NAME OF	PROVIDER OR SUPPLIER	STREET ADD	ORESS, CITY, S	TATE, ZIP CODE		- 1
BICH SC	QUARE MANOR	100	N STREET			
RICH SU			ARE, NC 27	PROVIDER'S PLAN OF CORRECTION	ON	(XE)
(X4) ID PREFIX TAG	(ÉACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC (DENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	COMPLETE DATE
(C 164)	Continued From pa	ge 3	{C 164}			- 1
		of the base is detaching from		The floor base has been repaired		10/15/2015
	10. Nourishment Co damage caused by fixture.	enter - The wall at the sink has the removal of a wall mounted		The wall sink will be replaced 11/21/2015		
	11. Nurses' Station a. The wall at the s	ink has damage caused by the		The wall sink will be replace 11/21/2105		
	removal of a wall m b. The ceiling is sta	nounted fixture. sined at the HVAC register.	,	The ceiling will be painted Estimated completion 11/21/2015		
	wall at the soda ve-	oard has detached from the nding machine.		The floor base board will be realted Estimated completion 11/21/2015	hed	
	b. The ceiling is sta register.	ained around the supply air		The cailing will be painted Estimated completion 11/21/2015		
	13. Dining Room - marred and scuffed	The walls and doors are d.		The walls and doors will be repair Estimated completion II/21/2015	red	
	a. The floor is cove powder residue.	ered with laundry cleaning		The laundry floor will be cleaned Estimated completion 10/25/201		
	15. Corridor - In so of the corridor floor build-up.	me areas the perimeter edges r are discolored due to wax		Floors have been cleaned		10/15/2015
	door frames are so	The resident and other rooms' arred, scuffed and the paint d down to bare metal.		The resident and other room doo will be painted. Estimated 11/21/		
	kept in good repair	vation the facility has not been as evidenced by by doors that e in need of repair so they will				
	A. Findings on Sep					
Name and Address of the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner	Janillo Conside Deculation					

Bh daile	of Lincollin Consign Do	nutation				
DIVISION	Vision of Health Service Regulation (TEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION			SURVEY
	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: 01		COMPLETED	
					R-	-
		HAL066011	B. WING		09/1	5/2015
NAME OF	PROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, S	TATE, ZIP CODE		1
			N STREET			1
RICHSO	QUARE MANOR	RICH SQU	IARE, NC 27			
(X4) ID PREFIX TAG	ARACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTIV (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LÓ BE	COMPLETE DATE
(C 184)	Continued From pa	ige 4	(C 164)			
, ,	6. Room #9 - One	of the closet doors has been		Hardware has been installed		10/20/2015
	installed however t	he hardware is missing.				10/20/2015
	7. Room #10 - The broken.	closet's door pull knobs are		Pull knobs have been replaced		
	Room #11 - One missing the top roll not close.	of the closet's bi-fold doors is ler for the door track and will		Bi-fold door has been repaired		10/20/2015
	11. Room #16 b. One of the close	t's door's pull knob is broken.		Pull has been repaired		10/20/2015
	12. Community Bath Adjacent to Room #8 - b. The shower stall handicapped seat support bracket is broken.			Seat has been repaired		10/20/2015
	13. Laundry - The been repaired and refinishing.	door wood surface facing has has been prepped for		The door has been completed		10/20/2015
(C 174	Bedroom Furnishir	ngs-Table, Mirror, Chairs	(C 174)			
	10A NCAC 13F.03 FURNISHINGS (b) Each bedroom furnishings in good resident: (2) a bedside type (3) chest of drawe provided as built-indrawers or double (4) a wall or dress each resident; (5) a minimum of or straight, arm or resident), high end	PHYSICAL PLANT 306 HOUSEKEEPING AND shall have the following d repair and clean for each e table; ers or bureau when not ns, or a double chest of dresser for two residents; er mirror that can be used by one comfortable chair (rocker without arms, as preferred by ough from floor for easy rising; irs available, as needed, for use				

Division of Health Service Regulation (x3) DATE SURVEY						
STATEMEN	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING: 0	CONSTRUCTION	COMPLETED	
AND PLAN	OF CORRECTION	grantii isanisan naman	A. BORDING. VI		R-C	.
		HAL066011	B. WING		09/15	
	PROVIDER OR SUPPLIER		RESS, CITY, ST	TATE, ZIP CODE		
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RICH S	QUARE MANOR	RICH SQU	ARE, NC 27			
(X4) ID PREFIX TAG	MEACH DEFICIENCY	(TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE (EACH CORRECTIVE ACTION SHOUL GROSS-REPERENCED TO THE APPRO DEFICIENCY)	DBE I	COMPLETE DATE
(C 174)	Continued From pa	age 5	{C 174}			
	by visitors; (e) This Rule shall facilities.	apply to new and existing				
	<ol> <li>Based on observ</li> </ol>	et as evidenced by: ation the facility has not juired furnishings in the				
	A. Finding on Sept	ember 15, 2015:				
	1. Room #10 - The resident's use are	only chairs in the room for the two lawn type chairs.		The lawn chairs have been replaced		10/15/2015
	"additional" chairs residents' rooms in those chairs were	ministrator stated that there are available for use for the the Living Room, however, fully occupied by residents in eaving no "additional" chairs				
{C 189	Building Equipmen	nt Maintained Safe, Operating	(C 189)			
	10A NCAC 13F.03 REQUIREMENTS (a) The building a mechanical, and p care home shall be operating condition (k) This Rule shall facilities with the e	nd all fire safety, electrical, lumbing equipment in an adult e maintained in a safe and				
	IV. Based on obse	net as evidenced by: ervation the facility has failed to ipment maintained or in safe s evidenced by electrical				

		deffee			FORMA	
STATEMEN	of Health Service Re	(X1) PROVIDER/SUPPLIER/CLIA		CONSTRUCTION	(X3) DATE SU	
AND PLAN	OF CORRECTION	(DENTIFICATION NUMBER:	A. BUILDING: (	01		
		HAL068011	B. WING		R-C 09/15/2015	
NAME OF	PROVIDER OR SUPPLIER	STREET ADD	XRESS, CITY, S	TATE, ZIP CODE		
			N STREET			1
KICH SU	UARE MANOR		ARE, NC 27	PROVIDER'S PLAN OF CORRECTION	ON T	(X5)
(X4) ID PREFIX TAG	VEACH DEFICIENCY	YEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL BC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	DBE	DATE DATE
(C 189)	Continued From pa	ige 6	(C 189)			
	equipment and con	nponents that require repair.			1	1
	A. Findings on Sep	tember 15, 2015:				- 1
	4. Room #15					1
	The wall mounte not working.	d light fixture above the sink is		The wall mounted light fixture has been	repaired	10/20/2015
	6. Exterior Electrica a-The generator is	al Generator - not in working condition.		the generator is extremely old was use the old nursing home that was demolts		
	keep plumbing and operating condition	vation the facility has failed to i mechanical equipment in as evidenced by plumbing ent that requires repair.				
1	A. Findings on Sep	stember 15, 2015:				
	2. Room #7 - The vite base.	water closet is leaking around		The water closet has been repaired		10/20/2015
	Room #16 - The from under its base urine in the room.	water closet is leaking out e and tehre is a strong odor of		The water closet has been repaired		10/20/2015
	5. Staff Lounge - T	he wall mounted sink is loose		The wall mounted sink will be repaired Estimated Date: 10/25/2015	١	
	have a fully function	rvetion, the facility does not and operating call system. system is required in order for staff in the event of an rooms.				
	A. Finding on Sept	ember 15, 2015:				
	1. Room #15 - On	e of the call buttons is missing.		Call button has been installed		10/20/2015
	2. A random select showed some corr	tion and test of the call system ridor call lights did not function.				

Division of Health Service Regulation								
STATEMEN	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED			
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	01				
			n Mane		R-4	-		
		HAL066011	B. WING		09/1	5/2015		
NAME OF F	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, S	TATE, ZIP GODE				
DION SO	HADE MANOR		N STREET					
RICH SU	UARE MANOR	RICH SQU	ARE, NC 2					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	COMPLETE DATE		
(C 189)	Continued From pa	ge 7	{C 189}					
	Some lights on the nurses' station did tested.	ne call Indicator panel at the not function properly when		All lights have been tested and repaired		10/20/2015		
(C 199)	Exhaust Ventilation		(C 199)					
	provided with exhautwo cubic feet per na requirement does in before April 1, 1984 these specified spa (1) solled linen stor (2) soil utility room; (3) bathrooms and (4) housekeeping (5) laundry area. (k) This Rule shall facilities with the exwhich shall not appid the requirement as functioning exhaust to have the rooms at to doors being presided and the room A. Findings on Septing Room #2 - The ethe resident's bathroom to the resident's bathroom to	ed in this Paragraph shall be ust ventilation at the rate of ninute per square foot. This of apply to facilities licensed, with natural ventilation in ces: rage; tollet rooms; closets; and apply to new and existing ception of Paragraph (e) by to existing facilities. Set as evidenced by: estion the facility has not met evidenced by rooms without it fans where required. Fallure property exhausted could lead ent in the rooms or areas ms.		The exhaust fan has been repaired  The exhaust fan has been repaired		10/20/2015		

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Division (	of Health Service Re	guiation			then DATE OF	Inutry
STATEMEN	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND PLAN	OF CORRECTION	DENTIFICATION NUMBER.	A. BUILDING:	01		
			n same		R-C	2015
		HAL066011	B. WING		09/10	2015
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE		i
BICH SO	UARE MANOR		N STREET	*****		- 1
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(X4) ID PREFIX TAG	JEACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROVIDENCY)	DBE	COMPLETE DATE
(C 199)	Continued From pa	ge 8	(C 199)		1	- 1
(0 107)		exhaust fan is not working in		The exhaust fan has been repaired		10/20/2015
		he exhaust fan is not working.		The exhaust fan has been repaired		10/20/2015
	5. Supply Room - 7	here is a hopper sink in the does not have a working		The exhaust fan has been repaired		10/20/2015
	exhaust fan.				1	
				,	i	
ļ						